Women’s Health Interdisciplinary Stress Program of Research (WHISPR)

**2020 RESEARCH PROPOSAL COVER SHEET**

*Please submit via email to* wtng@bwh.harvard.edu *by 12pm on February 3, 2020.*

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| --- | --- | --- |
| **APPLICANT / PRINCIPAL INVESTIGATOR** | First & Last Name and Degree |  |
| Email |  |
| BWH Department, Division |  |
| Academic Rank  |  |
| Number of years in current rank |  |
| Date PhD and/or MD awarded |  |
| I confirm that I personally prepared this application (signature & date) |  |

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| **PROJECT TITLE** |  |

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| **PROJECT OVERVIEW**(100 word max) |  |

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| *For junior investigators only:* 🞎 N/A | Mentor’s Name and Degree |  |
| Mentor’s Email |  |
| Mentor’s Title & Department |  |

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| *For established investigators only:* 🞎 N/A |  ***How does your proposal introduce a new line of research?*** *(100 word max)* |
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| **DEPT. ADMINISTRATOR** | First & Last Name |  |
| Email |  |
| I have reviewed and approved this application (signature & date) |  |